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| To: Examiner Kuo-Liang J. Tang | From: Steven Fischman |
| Fax: 703-872-9306 | Pages: 19 pages including cover sheet |
| Phone: | Date: 1/27/2004 |
| Re: U.S. Serial No. 09/703,527 | CC: |
| Group Art Unit: 2122 | |
| Docket No. YOR920000357US1 (13734) | |

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|---|-------------------------------------|-------------------------------|--------------------------------|--|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. YOR920000357US1 (13734) | |
| Applicant(s): Matthew R. Arnold, et al. | | | | | |
| Serial No. 09/703,527 | Filing Date November 1, 2000 | Examiner Kuo-Liang J. Tang | | Group Art Unit 2122 | |
| Invention: SYSTEM AND METHOD FOR CHARACTERIZING PROGRAM BEHAVIOR BY SAMPLING AT SELECTED PROGRAM POINTS | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 36 - | 36 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  _____ Signature | | | Dated: January 27, 2004 | | |
| Steven Fischman Registration No. 34,594 | | | | | |
| Correspondence Address Customer No. 23389 | | | | | |
| CC: | | | | | |
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black;">Typed or Printed Name of Person Mailing Correspondence</div> | | | | | |

P11LARGE/REV06

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|--|---|--------------------------------------|---|-------------|---------------------------|
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| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> | | | | | |
| <div> Signature</div> <div>Steven Fischman Registration No. 34,594</div> <div>Correspondence Address Customer No. 23389</div> <div>CC:</div> | | | Dated: January 27, 2004 | | |
| | | | <div><div>certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div>Signature of Person Mailing Correspondence</div><div>Typed or Printed Name of Person Mailing Correspondence</div></div> | | |

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